



Report for the File No. 443

EHP II Year 4 Quarterly Report 4 April–June 2003

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Abbreviations

ADB	Asian Development Bank
AMA1	<i>Escherichia coli</i> Apical Membrane Protein 1
ANASAM	Asociación Nicaragüense para el Agua y Saneamiento Ambiental
ANE	Asia Near East
ANDA	National Aqueduct and Sewerage Administration (Administración Nacional de Acueductos y Alcantarillados), El Salvador
ANE	Asia/Near East
ANERA	American Near East Refugee Aid
ARI	Acute Respiratory Infection
ASOCAR	Rural Water Association
ASOS	Action Santé Organisation Secours
AWW	Angan Wadi Workers
BASICS	Basic Support for Institutionalizing Child Survival
BBIN	Bangladesh, Bhutan, India, and Nepal
BHR/PVC	Office of Private and Voluntary Cooperation of the USAID Bureau for Humanitarian Response
BPKIHS	B.P. Koirala Institute for Health Sciences
C-IMCI	Community-Based Integrated Management of Childhood Illnesses
CAPRE	Regional Potable Water Committee (Comité de Agua Potable para la Región)
CDS	Center for Development Studies (India)
CECI	Canadian Center for International Studies and Cooperation
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences
CESH	Community-Based Environmental Sanitation and Health

C-IMCI	Community-Based Integrated Management of Childhood Illnesses
CRS	Catholic Relief Services
CORE Group	Child Survival Collaborations and Resources Group
COSUDE	Swiss Agency for Development and Cooperation (Agencia Suiza para el Desarrollo y la Cooperación)
CSTS	Child Survival Technical Support Project
CTO	Cognizant Technical Officer
DER	Data Entry Record
DHF	Dengue Hemorrhagic Fever
DHS	Demographic Health Survey
DIGESA	General Directorate of Environmental Health (Dirección General de Salud Ambiental), Peru
DRC	Democratic Republic of Congo
ECHO	Environmental Change and Health Outcomes
ECHO/IVM	ECHO Integrated Vector Management
ECHO/XS	ECHO Cross-Sectoral Surveillance
EDCD	Epidemiology and Disease Control Division
EGAT	USAID/Washington's Economic Growth, Agriculture and Trade Bureau
EGAT/UP	Economic Growth, Agriculture, and Trade Bureau, Urban Programs
EHP	Environmental Health Project
EHP II	EHP Phase II
ENACAL	Nicaraguan Water and Sewage Company (Empresa Nicaragüense de Acueductos y Alcantarillados)
EWARS	Early Warning Reporting System
EWOC	Emergency Water Operations Center

FDA	United States Food and Drug Administration
GESCOME	Community Management of Environmental Health (Gestion Communautaire de la Santé Environnementale), Benin
GIS	Geographic Information Systems
HAMSET	HIV/AIDS, malaria, sexually transmitted diseases, and tuberculosis
IC	Information Center
IEC	Information, Education, and Communication
IIN	International Institute for Nutrition
IMA	Interchurch Medical Assistance
INAPA	National Water Supply and Sewerage Institute (Instituto Nacional de Aguas Potables y Alcantarillados), Dominican Republic
INHP	Integrated Nutrition and Health Project
INPRHU	Instituto de Promoción Humana
INSTAT	National Statistics Institute (Institut National de la Statistique), Madagascar
IVM	Integrated Vector Management
IQC	Indefinite Quantity Contract
IRC	International Reference Center for Water Supply and Sanitation
JSR	Jamshedpur
JMP	Joint Monitoring Program
LAC	Latin America and the Caribbean
MAARD	Modified Acquisition and Assistance Request Document
MEASURE	Monitoring and Evaluation to Assess and Use Results
MGHC	Madagascar Green Health Communities
MICET	Madagascar Institute for the Conservation of Tropical Ecosystems (Madagascar Institute pour la Conservation des Ecosystèmes Tropicaux)

MIM	Multilateral Initiative in Malaria
MINSa	MOH (Ministerio de Salud), Nicaragua
MISAU	MOH, Mozambique
MOH	Ministry of Health
MVDP	Malaria Vaccine Development Program
MWI	Jordan Ministry of Water
NFHS	National Family Health Survey
NGO	Non-governmental Organization
NIAID	National Institute of Allergy and Infectious Diseases
PAHO/CEPIS	Pan American Health Organization Center for Sanitary Engineering and Environmental Sciences
PCI	Project Concern International
PfEMP1	<i>Plasmodium falciparum</i> erythrocyte membrane protein 1
PHN	Population Health and Nutrition
PROARCA	Central American Environmental Program (Programa Ambiental Regional para Centroamérica)
PSI	Population Services International
PWA	Palestinian Water Authority
PVO	Private Voluntary Organization
RCH II	Reproductive and Child Health Program II
RUDO	Regional Urban Development Office
SAF	Department for Development, Church of Jesus Christ, Madagascar
SAFE Project	Sanitation and Family Education Project, Bangladesh
SANRU	Rural Health Project in the Democratic Republic of the Congo
SFH	Society for Family Health
SEARO	WHO Regional Office for Southeast Asia

SIMA	System-Wide Initiative on Malaria and Agriculture
SINAS	National Water and Sanitation Information System (Sistema de Información Nacional en Agua y Saneamiento), Nicaragua
SOW	Scope of Work
TSAs	Environmental Health Technicians
UNICEF	UN Children's Fund
USAID	U.S. Agency for International Development
VBDRTC	Vector-Borne Disease Research and Training Center
VS	Voahary Salama
VS/IPI	Voahary Salama/Integrated Programs Initiative, Madagascar
VWS	West Bank Village Water and Sanitation Program
WAJ	Water Authority of Jordan
WAWI	West Africa Water Initiative
WELL	Water and Environmental Health at London and Loughborough
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
WS&S	Water Supply and Sanitation
WSSCC	Water Supply and Sanitation Collaborative Council
XS	Cross-sectoral Surveillance

TASK ORDER 1

Task 1: Work Plan

Overview

Task 1 in Task Order 1 is the development and finalization of the yearly Environmental Health Project (EHP) work plans. Preparing the plan for the upcoming year of the project requires extensive assessments of existing activities; discussions and meetings with the U.S. Agency for International Development (USAID), the EHP technical staff, and subcontractor representatives; and the preparation of outlines, drafts, and final approved plans.

Activities and Accomplishments

- Held a series of internal staff meetings and meetings with USAID staff to review progress and develop plans for the final year of the project.
- Met with EHP consortium liaison staff to share the draft plan.
- Finalized plan and submitted it to the USAID Project Officer for his review on July 1, 2003.

Plans for Next Quarter

- Receive comments from USAID, make necessary changes, and finalize the plan.

Task 2: Policy and Lessons Learned

Overview

Task 2 includes the following five subtasks: performance monitoring, indicators, meetings and reports, partnerships, and lessons learned.

Performance monitoring, which is central to EHP's evidence-based planning and management, addresses internal needs as well as those of USAID. Under this subtask, monitoring and evaluation plans are developed for EHP, for its core activities and for field programs. Systems and procedures are designed to track activities from planning through implementation to evaluation, and a quality management process of reviews and progress monitoring is implemented.

The purpose of the indicators subtask is to improve the validity and reliability of existing water, sanitation, and hygiene indicators and data collection methods and the development of new indicators and methods. This subtask has three components: 1) build

international consensus for the use of indicators to measure water supply and sanitation coverage and hygiene behaviors, 2) develop methods of collecting data at national and local levels to assist programmatic decision-making, and 3) develop methods to link water, sanitation, and hygiene indicators to health outcomes, human development and poverty reduction. EHP works closely with international and private voluntary organizations (PVOs) to implement this subtask.

The purpose of the meetings and reports subtask is to communicate information about EHP's technical areas of interest to wider audiences. Meetings, conferences, and workshop are organized, supported, and/or attended and reports or articles are published for promoting environmental health and the learning of the project. Reports and meetings may address policy issues, the state of environmental-health-related knowledge, or results of EHP activities.

The purpose of the partnerships subtask is to establish and maintain communications with other organizations and to identify opportunities for collaboration to achieve common goals. Working in partnership is an essential element for EHP to achieve its goal of mainstreaming the primary prevention of diarrhea, malaria, and acute respiratory infection within the child survival context. The following types of organizations are targeted for collaboration: USAID cooperating agencies, United Nations and other international agencies, private and non-governmental organizations (PVOs and NGOs), the Office of Private and Voluntary Cooperation of the USAID Bureau for Humanitarian Response (BHR/PVC), and private commercial-sector partners.

Capturing the lessons learned from EHP's experience and keeping USAID updated on the project's progress are accomplished by regular technical and management meetings of EHP and USAID staff. In addition, this subtask includes maintaining the project's e-rooms and responding to non-activity-specific e-mails.

Performance Monitoring

Activities and Accomplishments

- Reviewed scopes of work for technical quality and consistency.
- Produced quarterly reports.
- Ensured technical reviews and activity support routinely and as required.
- Responded to information requests or feedback related to environmental health issues in general and monitoring and evaluation specifically.

Plans for Next Quarter

- Track EHP performance-monitoring indicators quarterly based on end-of-project results for each task and key activities.

- Produce quarterly and annual report.
- Perform technical reviews and activity support routinely and as required.

Indicators

Activities and Accomplishments

- Provided input to the monitoring and evaluation section of the Sanitation Programming Guide.
- Supported monitoring and evaluation activities in the Democratic Republic of the Congo, the Dominican Republic, Nicaragua, Peru, India, and the West Bank.
- Chaired the advisory group for the World Health Organization/U.N. Children's Fund (WHO/UNICEF) Joint Monitoring Program (JMP) at a meeting in Geneva about future strategy and direction.
- Developed options for a fellowship to assist the JMP in developing key products of their work plan that are consistent with EHP results, for example, documentation of examples where water, sanitation, and hygiene indicators have been used successfully.
- Participated in the Safe Household Water Treatment network as a member of the Research Working Group.
- Co-developed an environmental health questionnaire for data collection about the urban poor within the Demographic Health Survey (DHS) Urban Working Group.
- Participated in a Measure Evaluation technical advisory group in May 2003 for improving water supply, sanitation, and hygiene indicators in the draft Child Survival Indicators Handbook.

Plans for Next Quarter

- Field test indicators and draft survey instruments (household and school) to monitor Vision 21 targets in CESH field activities.
- Add a community component to the Household Hygiene Improvement Guide to assess the enabling environment and then finalize the guide.
- Collaborate with the Child Survival Collaborations and Resources (CORE) group and the Child Survival Technical Support Project (CSTS) to revise and/or expand the hygiene improvement indicators.
- Review the monitoring and evaluation section in the Sanitation Programming Guide.

- Carry out planned community monitoring activities in Nicaragua (see CESH).
- Mentor the JMP fellow in developing key products consistent with EHP results.
- Continue working with the DHS Urban Working Group to improve indicators for water, sanitation, and hygiene and expand data collection to include urban slums.
- Participate in the safe household water treatment network and in the research working group.
- Collaborate with other USAID projects in improving water, sanitation, and hygiene indicators.
- Review revised draft of the Child Survival Indicators Handbook.

Meetings and Reports

Activities and Accomplishments

- Developed (through a contract with the Mvula Trust) a background paper on sanitation for use in stimulating discussion at the August 2003 AfricaSan South meeting organized by the World Bank's Water and Sanitation Program.
- Participated in the 30th Annual Conference of the Global Health Council held in Washington, DC, May 27-30, 2003: organized two panels (Mainstreaming Prevention of Diarrhea in Child Health and Improving Maternal and Child Health in Urban Slums and Squatter Settlements), participated in two panel discussions (Malaria, Dengue, Cholera: Environmental Strategies for Control and Prevention and Healthy Families, Healthy Forests: Integrated Programs (based on the EHP activity in Madagascar)), provided logistical support via EHP's Information Center.

Plans for Next Quarter

- Revise, finalize and present paper on sanitation for the AfricaSan South conference in August.

Partnerships

Activities and Accomplishments

- Participated in the spring membership meeting of the CORE Group, held in Portland Oregon: presented EHP's experience in integrating hygiene into Community-Based Integrated Management of Childhood Illnesses (C-IMCI).
- Participated in a planning meeting for 2003–2004 of the CORE Working Group on IMCI; EHP will help CORE to plan and facilitate some components of a planned multi-sector platform global meeting to be held in early 2004.

- Participated in World Bank meeting on the Initiative for Public-Private Partnership for Handwashing with Soap and presented updates on activities in Nepal and Peru (see also, CESH).
- Met with several NGOs to discuss collaborative activities for Year 5 of EHP: possibility—a follow-on activity with Catholic Relief Services (CRS) for a training curriculum for C-IMCI to accompany the C-IMCI Handbook.
- Reviewed three PVO Child Survival Detailed Implementation Plans and participated in the review meetings with the PVO program managers, support staff, and USAID: the three plans were International Reference Center for Water Supply and Sanitation (IRC) Democratic Republic of the Congo, CARE (Ethiopia), and Population Services International (PSI) (India).
- Prepared and ran a training session on hygiene improvement for 25 PVO staff and program managers at the First Annual Child Survival and Health Grants Program Mini-University, organized by the CSTS.

Plans for Next Quarter

- Continue routine contacts and agreed activities with international organizations and other partners.
- Continue work as a member of the steering committee for the Initiative on Public-Private Partnerships for Handwashing with Soap.
- Collaborate with the CORE Working Group on IMCI in preparing for its next technical working group meeting to be held in September and in organizing the call for abstracts for the global meeting to be held in early 2004.

Lessons Learned and Progress

Activities and Accomplishments

- Kept USAID up to date on the project through regular meetings, captured lessons learned, and coordinated staff activities.

Plans for Next Quarter

- Continue routine activities.

Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)

CESH Core Activities

Overview

Interventions under CESH develop, apply, and disseminate tools that help NGO and government program managers and communities identify local environmental health priority conditions and behaviors and guide selection and evaluation of actions to reduce the incidence of diarrhea in children under five years of age. The task is scheduled to continue for the duration of EHP. The activities under the task are expected to contribute to USAID Office of Health Results 6 and 7 by developing a project approach to diarrhea prevention.

CESH works in four major areas: 1) operations research, 2) environmental sanitation policy, 3) development of tools for diarrheal disease prevention, and 4) field application of those tools in USAID-supported Population, Health and Nutrition (PHN) countries.

Operations Research

Activities and Accomplishments

- Initiated an activity to evaluate the point-of-use water chlorination project in Zambia, implemented by the Society for Family Health (SFH) (PSI's local affiliate); results will be of direct use to the Safe Water System in Zambia as well as similar programs in other countries; evaluation will take place July 1, 2003–May 31, 2004.

Plans for Next Quarter

- Enter into subcontracts with Johns Hopkins University (principal investigator) and the Mwengu Social and Health Research Center in Zambia (in-country resource for research design and data collection) and begin designing the study and research protocols.
- Review the final draft of the literature review on the safe disposal of children's excreta being revised by the International Institute for Nutrition (IIN) in Peru and consider publication as a key policy document.

Environmental Sanitation Policy

Activities and Accomplishments

- Reached agreement with the Pan-American Health Organization (PAHO) and the World Bank's Water and Sanitation Program to collaborate in an assessment of

national sanitation policies in September 2003, using the guidelines prepared by EHP in 2002 for assessing national sanitation policies.

- Obtained agreement from the government of Peru to permit the assessment.

Plans for Next Quarter

- Complete planning for the assessment in Peru.
- Carry out the assessment from Sept. 24–Oct. 17, 2003.

Development of Tools for Diarrheal Disease Prevention

Activities and Accomplishments

- Finalized subcontract with NicaSalud in Nicaragua for implementation of a community-based participatory monitoring and evaluation methodology, consisting of development of a manual for organizations, community tools, and training module; identified four NGOs to implement the work in four regions of Nicaragua: Project Concern International (PCI), PLAN International (a PVO), Instituto de Promoción Humana (INPRHU), and Asociación Nicaragüense para el Agua y Saneamiento Ambiental (ANASAM); and hired local NicaSalud Initiative coordinator.
- Reached agreement with USAID on the exact contents of the Hygiene Improvement Framework advocacy document; consultant prepared sixth draft of the document.
- Prepared the second draft of the Hygiene Improvement Assessment Guide, with second-level indicators and solicited reviews from EHP and USAID staff (see also, Task 2: Policy and Lessons Learned.)
- Reviewed several sections of the first draft of the training and field guides that will be part of the Action Learning Package: Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention, being prepared under contract by the Manoff Group, and held a meeting with the consultant/writer to provide feedback and discuss issues related to the training methodology reflected in the draft.
- Prepared the third draft of the Hygiene Improvement Assessment Guide, with more detailed second-level indicators and solicited reviews from EHP and USAID (see also, Policy and Lessons Learned).
- Developed an outline for a revision of the 1997 UNICEF Sanitation Programming Guide in collaboration with key partners, including UNICEF, the Water Supply and Sanitation Collaborative Council (WSSCC), the World Bank, and PAHO.
- Wrote a partial draft of the revised guide; organized a meeting to review the draft with key partners and completed the first draft.

Plans for Next Quarter

- Establish memoranda of understanding with the four NGO implementers under the subcontract with NicaSalud in Nicaragua for the implementation phase of the community-based participatory monitoring methodology and produce first draft of the methodology manual.
- Prepare the final draft for review of the Hygiene Improvement Assessment Guide; solicit review comments from external reviewers; finalize document and submit to EHP's Information Center for publication and distribution.
- Continue to pursue UNICEF's participation in production of the Hygiene-Improvement Framework advocacy document.
- Prepare final draft of the Hygiene Improvement Framework advocacy document, solicit reviews from USAID and others, finalize the document, and develop a dissemination strategy for it.
- Complete first draft of the Action Learning Package: Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention (being drafted by Manoff); publish the field guide; decide how to proceed with the training guide.
- Prepared the final draft for review of the Hygiene Improvement Assessment Guide; solicit review comments from external reviewers; finalize the document; and submit to EHP's Information Center for publication and distribution.
- Revise the first draft of the revised UNICEF Sanitation Programming Guide based on feedback from core partners and send the new draft to a larger group of stakeholders for comments and review.

Issues and Problems

- NicaSalud has been slow in completion of its deliverables.
- Collaboration with UNICEF on the Hygiene Improvement Framework advocacy document is unlikely due to difficulty in organizing a meeting with the right person. A meeting was scheduled with the UNICEF Chief of the Water and Environmental Sanitation division to discuss joint publication among other agenda items, but it was cancelled at the last minute.

Field Application of Tools for Diarrheal Disease Prevention

- See next section.

CESH Field Programs

Asia/Near East (ANE) Urban Health Initiative/Cairo Healthy Neighborhood Program

Overview

The Asia/ Near East (ANE) region is characterized by rapid population growth and high urbanization rates. The urban population of Asia is expected to increase dramatically, from 1.2 billion in 1995 to 2.5 billion in 2025, with more than 400 million residing in cities of 10 million or more. The region is also characterized by high infant and child mortality, high maternal mortality, low female literacy, low status of women, high rates of malnutrition, and the rapid spread of HIV/AIDS. Concerned that USAID's health programming is not keeping pace with the reality of rampant urbanization and the dire conditions of small children in the region's slums, USAID's ANE Region health officers have developed a three-phased urban health activity, which EHP will implement. The purpose of the activity is to persuade PHN officers in USAID's ANE missions to direct resources toward programs designed to meet the health needs of the urban poor, by assessing the state of current knowledge of urban slum populations, by contributing to that knowledge through on-the-ground research on this population's existing health needs, and by offering practical guidelines for urban slum health program development and implementation.

Phase 1, now complete, was a desktop literature review of child health status and determinants (EHP Activity Report #109). *Phase 2* is a community health and hygiene improvement activity in the slum neighborhood Ezbat El Nakhla in Cairo. The project is conceived as intensified urban slum research, which will eventually inform an overall regional effort. *Phase 3*, which is just getting underway, is an advocacy effort to use experiences and research to write guidelines to assist USAID health officers to develop health programs in urban slums.

Activities and Accomplishments

Phase 2

- Hired three consultants for the situation analysis; conducted the team planning meeting for the situation analysis team; and carried out the situation analysis over three weeks using rapid assessment methods.
- Hired a consultant to design and manage the stakeholders' meetings and to assist with first stakeholders' meetings
- Applied for a Making Cities Work grant for improvements in water supply and sanitation (the grant was awarded to USAID/Egypt).
- Carried out a DHS in the project area.

Phase 3

- Met, along with the USAID technical director for EHP, with representatives from three USAID bureaus: the Economic Growth, Agriculture, and Trade Bureau, Urban Programs (EGAT/UP); the ANE Bureau, PHN office; and the Global Health Bureau to discuss and define the overall approach to Phase 3 of this activity.
- Obtained agreement from a consultant to draft the ANE-wide urban health guidelines.
- Agreed to organize an ANE-wide conference in Delhi, India, hosted by USAID/India, in early 2004 to promote the guidelines.

Key Products

- Guides for rapid assessment (interviews, focus groups, transect walk).

Plans for Next Quarter

Phase 2

- Hold community-level and government of Egypt/donor-level stakeholders meetings.
- Begin technical assessment of the water supply and sanitation situation in the Ezbet neighborhood.
- Develop plans for and begin interventions in the Ezbet neighborhood based on the results of the stakeholders' meetings.

Phase 3

- Develop concept paper spelling out the strategies and activities for Phase 3.
- Research urban slum activities at the level of USAID missions and elsewhere in the region.
- Begin groundwork for conference.
- Begin work on the guidelines.

Democratic Republic of the Congo: Technical Assistance to SANRU III

Overview

EHP is assisting the SANRU III project in implementing the water supply and sanitation component. SANRU III is a five-year \$25 million rural health project, which includes a wide range of primary health care interventions and operates in 63 of 300 health zones. The goal of EHP assistance is to strengthen the management capacity of zonal water and

sanitation coordinators to carry out a hygiene behavior change program that will result in a decrease in diarrheal disease incidence.

Activities and Accomplishments

- Conducted two training-of-trainers workshops in April for C-IMCI teams in the ten pilot zones where the hygiene promotion strategy is being implemented: the first was attended by 24 persons from six zones and the second for 16 persons from four zones.
- Collected data for quantitative baseline survey to measure changes in key hygiene behaviors.
- Initiated planning for the second year of this activity, beginning in July 2003.
- Assisted in the preparation of a presentation on this activity at the Global Health Council meeting in Washington, DC, May 2003.

Plans for Next Quarter

- Monitor progress to date and lay the foundation for eventual replication and scale-up through a four-week consultancy.
- Finalize the work plan for the second year of activities.

Democratic Republic of the Congo: Urban Environmental Health Assessments

Overview

With funds provided by the Regional Urban Development Office (RUDO) in South Africa, EHP is helping to develop a proposal to update and expand an environmental health strategy for the Democratic Republic of the Congo. The goal is to develop a fundable proposal that would be implemented under the Making Cities Work initiative.

Activities and Accomplishments

- Finalized the proposal and provided it to USAID/Democratic Republic of the Congo, the RUDO in South Africa, and SANRU (the Rural Health Project in the Democratic Republic of the Congo) for their use in writing SANRU's Making Cities Work proposal (the proposal was accepted; implementation will begin in August/September 2004).

Plans for the Next Quarter

- Consider a follow-on activity to collaborate with SANRU in the Democratic Republic of the Congo.

Dominican Republic: Community-level Hygiene Behavior Change

Overview

The purpose of this activity is to strengthen the behavior-change component of the community health, water, and sanitation interventions currently under way within the USAID/Dominican Republic reconstruction program in order to achieve the maximum project health impact. EHP will provide assistance to Entrena (a group of NGOs involved in water supply and sanitation reconstruction efforts) and the Ministry of Health to design and implement a strategy to prevent diarrheal disease through improved hygiene behaviors. An interactive approach will identify NGO strengths and work in a participatory fashion to improve the community-level behavior-change capacity of the NGOs and the Ministry of Health. The basic approach is to improve the behavior-change component by strengthening the capacity of the participating NGOs to design and implement behavior change activities.

This technical assistance will be coordinated with technical assistance for community-level behavior change in the areas of nutrition and social mobilization for vaccinations, and ultimately it will be incorporated into the Dominican IMCI model. This activity was to conclude on Dec. 31, 2001. However, EHP and USAID/Global Health agreed to provide additional CESH core support to allow for follow-up assessments to be compared with baseline data to monitor long-term behavior change and for expanding the approach to other organizations. A select group of representatives from NGOs and INAPA, who were involved in the Hato Mayor pilot project, are serving as local resources for technical assistance in hygiene behavior change and are training others to scale up hygiene behavior change capacity in the Dominican Republic. The scale up process is being coordinated through the umbrella NGO Alianza.

Activities and Accomplishments

- Finalized report comparing the baseline and mid-project assessment data for the activity.
- Conducted third monitoring event in June.
- Assessed current activities and developed a work plan through December 2003.

Plans for Next Quarter

- Finalize the final report.
- Finalize memoranda of understanding with multiplier organizations and develop the work plan through May 2004.
- Conduct training-of-trainers, training in use of materials, and training of project managers.

Dominican Republic: Decentralization of Rural Water and Sanitation Services

Overview

USAID/Dominican Republic and the National Water Supply and Sewerage Institute (INAPA) (the national water utility) have agreed to work together and co-finance a pilot rural water supply and sanitation project in Hato Mayor Province. The joint effort allows INAPA to develop and test approaches to implement its decentralization strategy, which will subsequently be scaled up to the national level. The pilot project applies the total community participation model and constructs sanitation systems and water supply infrastructure. USAID provides INAPA with technical assistance and training. Entrena (a local contractor) manages the NGO contracts under the pilot project, and EHP provides technical assistance to help develop and strengthen INAPA's capacity to implement the decentralization strategy, using the pilot project as its testing ground. This activity officially ended on Dec. 31, 2001. However, EHP and USAID/Global Health agreed to use CESH core funds to write an EHP report describing the work in the Dominican Republic over the last four years and placing it in the context of the hygiene improvement framework, and USAID/Dominican Republic provided EHP with a modest Modified Acquisition and Assistance Request Document (MAARD) to hire a local consultant to provide ongoing coaching to INAPA so that the technical assistance that has been provided is not lost.

Activities and Accomplishments

- To refocus approach on the Community Labor Team, held individual and team meetings to foster team building within INAPA's Community Labor Team as it implements its decentralization strategy.
- Held a mini-conference for over 60 participants from around the country to elect a new, larger, and more diverse working group to re-activate the rural water association network.

Plans for Next Quarter

- Provide technical assistance to INAPA Community Labor Team to facilitate the process of giving water committees the legal status of ASOCAR (Rural Water Association).
- Involve other NGOs from the water sector, Spain's Cooperation Agency, and the European Union involved in the water committees.
- Conduct field trips for INAPA personnel to see the total community participation model in place and report on findings.
- Coordinate and facilitate a meeting of the La Jaqueta Water Committee and the new local INAPA representative in Hato Mayor to discuss the collection of tariffs.

- Begin developing a registry of rural water systems in the Dominican Republic.

Issues and Problems

- With a European Union project pending, the staffing level and composition of the Community Labor Team in the near future are uncertain. Therefore, the manager of the team asked that the focus shift for a time from team building to the development of a practical digital registry of the rural water systems in the Dominican Republic.

Honduras: Development of Supervisory System for Environmental Health Technicians

Overview

USAID has been working with the Honduran Ministry of Health since 1993 in the development of an integrated environmental health program. To date, the ministry has trained 270 Environmental Health Technicians (TSAs) and is in the process of training 50 supervisory TSAs. More TSAs are to be trained during 2002. Because of the growth in the TSA program, USAID/Honduras has requested that EHP provide an advisor in environmental health to assist the ministry to develop a working model for TSA supervision, task definition, evaluation, and reporting.

Activities and Accomplishments

- Conducted the third and final visit of the EHP consultant in June 2003.

Plans for the Next Quarter

- Complete trip report.

India: Child Health and Nutrition Among the Urban Poor

Overview

In November 2000, a team of child survival and nutrition specialists from Washington, DC, and Delhi outlined how a modest level of resources could be invested in India to achieve USAID/India's Strategic Objective 3: Improved Child Survival and Nutrition in Selected Areas of India. The team found that in urban areas of the country, the health conditions of infants and children and the priorities for intervention are similar to those in rural areas: nutrition, neonatal health, immunization, and reduction of childhood illness and death due to acute respiratory infections (ARI), and diarrhea. Based upon the severity of the health conditions and the existence of successful urban health activities investigated, the team recommended that improved child health and nutrition among the urban poor in selected cities be one of four intermediate results for the strategic objective. Subsequently, in June and July 2001, EHP developed an approach, strategy, and work plan for an urban health program in support of the intermediate result and, in January 2002, developed a draft action plan for a five-year urban slum child health program. The

RUDO Program Officer, the USAID Child Survival Advisor, and the newly hired EHP Urban Health Program Director, as well as the directors of the USAID/India PHN and RUDO offices contributed to the development of the plan.

The specific objectives of the plan are to increase water and sanitation coverage; foster adoption of key health behaviors; improve the capacity of NGOs, community-based organizations (CBOs), and private and public-sector health providers; develop replicable models for urban child health programs; formulate improved policies; and increase resources for urban slum health. Indore was chosen for the project launching. The Indore Urban Slum Child Health Program has four components: 1) city-based urban health program, 2) collaboration with CARE's Integrated Nutrition and Health Program (INHP II), 3) knowledge inventory, and 4) advocacy.

EHP/India has been asked to provide technical assistance to the government of Uttaranchal in the development of an urban health strategy and proposal to the Government of India for funds under the Reproductive and Child Health II program.

Activities and Accomplishments

City-Based Program/Indore

- Held a two-day workshop on finance and administration and monthly and quarterly reporting formats, June 2–3, for heads and finance managers of NGOs and representatives of CBOs.
- Collected training and behavior-change communication materials from various sources and held a workshop of NGO program coordinators to assess the materials according to seven criteria.
- Provided technical assistance in health information and operations and maintenance to the Indore Municipal Corporation.
- Held an immunization camp in Shubham Nagar on June 12 and a follow-up camp in Ganesh Bagh on June 25.

Technical Assistance to the Government of Uttaranchal

- Held a one-day training workshop with Center for Development Studies (CDS) members and Angan Wadi Workers (AWW) for vulnerable assessment of slums in Dehradun and Haridwar on June 18.
- Met with municipal officers to facilitate their planning, based on the vulnerability assessment.
- Held first public-sector stakeholders meeting in Haridwar on June 21.

- Held a meeting in the last week of June with NGOs in Dehradun to assist them to understand their present role and to identify possible areas of partnership.
- Submitted a draft action plan for review and feedback.

Knowledge Inventory

- Selected an organization to conduct the child health survey in Indore from among proposals received from eight organizations.
- Estimated standard error for selected indicators of the Madhya Pradesh National Family Health Survey (NFHS).

Advocacy

- Assisted the *Indian Journal of Pediatrics* with a special issue on child health in urban slums.
- Held the National Urban Health Conference, June 30–July 1, 2003, in Bangalore: 83 delegates attended; the workshop received extensive media coverage; 15 organizations provided materials on urban health, including infant feeding practices, child malnutrition, communicable diseases, health delivery systems, poverty and vulnerability assessments, and water, sanitation, and hygiene issues.
- Urban Health Program director made a presentation at the Global Health Council in Washington, DC.

Key Products

- Global Health Council Presentation.

Plans for Next Quarter

- Carry out child health survey in Indore.
- Review and revise the hygiene improvement pilot project.
- Continue the city-based program.

Latin America and the Caribbean (LAC): Decentralization

Overview

The primary purpose of this activity is to develop case studies on decentralization of water supply and sanitation systems in Latin America. The case studies have been completed, and all that remains is ongoing dissemination. With the remaining funds in the activity, EHP initiated an activity to develop guidelines for creating an institutional

support mechanism to provide backup to rural water supply and sanitation systems—one of the main themes of the case studies.

Activities and Accomplishments

- Presented institutional support mechanism concept at a meeting on Scaling Up Community Management organized by the IRC in London and to a group at the World Bank that is looking at post-construction support as one of the key factors affecting sustainability of rural water supply and sanitation.

Plans for Next Quarter

- Continue to identify opportunities to promote the institutional support mechanism concept.

Latin America and the Caribbean (LAC): Sanitation in Small Towns

Overview

EHP is developing practical guidance for USAID missions and contractors on improving sanitation in small towns. This activity builds on EHP's previous decentralization work in Latin America and the Caribbean that focused on small towns and rural areas. EHP has developed a draft overview document that defines the problem and a methodology that can be used to develop a plan to improve sanitation services in small towns.

Activities and Accomplishments

- Completed planning for follow-on assistance in Paraguay under contract with Alter Vida, a local NGO, which will apply the methodology in Itagua.
- Reached agreement with the Ministry of Health to sponsor a national-level workshop on sanitation in small towns, designed the workshop, and selected a facilitator and presenters.
- Continued refining plans for follow-on work for the final year of EHP.

Plans for Next Quarter

- Visit Paraguay to prepare the Alter Vida team.
- Monitor Alter Vida's progress in applying the methodology in Paraguay.
- Complete planning and conduct the national-level workshop on sanitation in small towns.
- Draft scope of work for the final year of EHP.

Nepal: Technical Support to the Asian Development Bank and Initiation of EHP Support to the Public-Private Partnership for Handwashing with Soap Initiative

Overview

EHP is assisting the Asian Development Bank (ADB) in supporting the Community-Based Water Supply and Sanitation Project in Nepal, an integrated water supply, sanitation, and hygiene promotion activity that will be eligible for financing through the ADB's sector loan modality. The ADB will establish a draft sector strategy to help prioritize investment decisions and then will develop a project design that is truly community-driven. EHP's role is to ensure that the strategy takes into consideration the importance of health outcomes and the multi-sectoral linkages between a rural water supply and sanitation strategy and the improvement of child health. In addition to its work with the ADB, EHP will also develop a partnership between USAID/Nepal and UNICEF/Nepal for the promotion of handwashing as a public health initiative.

Activities and Accomplishments

- UNICEF and USAID signed a memorandum of understanding outlining a partnership for the promotion of handwashing for diarrheal disease prevention.
- Subcontracted with a consumer research firm to begin the consumer survey; the firm will work with the main contractor, Howard Delafield International, which will provide private sector/social marketing expertise to the handwashing initiative

Key Products

- Questionnaire for the consumer survey.

Plans for Next Quarter

- Review results of the consumer survey.
- Receive input from Howard Delafield International regarding media placement strategy and selection of advertising firm.

Peru Support to Public Private Partnership for Handwashing with Soap Initiative

Overview

USAID/EHP and the Water and Sanitation Program of the World Bank have developed a partnership for the promotion of handwashing as a public health initiative in Peru. A local coordinator, hired by the World Bank, is working out the details of the collaboration with

EHP. EHP will support the costs of the consumer and health research to be carried out as the first step in launching the initiative.

Activities and Accomplishments

- Finalized the terms of reference for the research.

Plans for Next Quarter

- Select firm to carry out the research.
- Complete research and analyze results.
- Work with the national coordinator to strengthen USAID involvement.

Peru and Nicaragua: PAHO/C-IMCI—Behavior Change for the Prevention of Diarrheal Diseases

Overview

EHP is providing technical assistance to PAHO in Peru and Nicaragua to implement a C-IMCI module developed by EHP and used recently in the Dominican Republic. EHP is assisting the NGOs that will use the module to design and implement a strategy to prevent diarrheal disease through improved hygiene behaviors. The activity further cements the partnership between EHP, USAID, PAHO, the NGOs involved, and the ministries of health in both countries. The first four phases of the activity (planning and development) are scheduled for Project Year 4; the fifth and sixth (implementation), for Project Year 5.

Activities and Accomplishments

- Completed phase three of the fieldwork with the baseline survey conducted in the five project communities in Peru and the three in Nicaragua.
- Began implementation phase in both countries.
- Drafted scopes of work for EHP Year 5 (one for each local coordinator in Peru and Nicaragua and one for EHP management and technical support).

Plans for Next Quarter

- Continue monitoring of project implementation.
- Train NicaSalud staff and member NGOs in hygiene behavior change.
- Refine the scopes of work for EHP Year 5 and develop country work plans.

- Develop a concept paper for developing a process guide based on the Action Learning Guide: Field Manual (see CESH Tool Development).

Peru: Urban Environmental Health

Overview

The purpose of this activity is to reduce health risks associated with exposure to locally generated contaminants and pathogens in peri-urban residential neighborhoods and communities. This purpose will be achieved by addressing environmental health threats through four types of interventions: 1) helping Peruvian agencies with environmental health responsibilities to improve their policies, 2) carrying out pilot projects to demonstrate innovative ways of addressing environmental health needs, 3) providing technical assistance, training, and local institutional strengthening, and 4) developing capacity in environmental health risk monitoring. EHP will provide support to the Ministry of Health's General Directorate of Environmental Health (DIGESA) and to the implementing PVOs and local authorities. The activity grew out of an earlier effort to reduce lead exposure in slum areas of Callao through behavioral change.

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter

There are no plans for next quarter.

West Africa: Water Initiative

Overview

Ghana, Mali, and Niger have been selected as beneficiary countries for a \$41 million West Africa Water Initiative. The initiative is supported by a public-private partnership led by the Conrad N. Hilton Foundation and USAID; the other partners include World Vision; UNICEF; WaterAid; the Cornell International Institution for Food, Agriculture, and Development; Winrock International; Lion's Club International; the World Chlorine Council; the International Trachoma Institute, and the Desert Research Institute. The initiative's objectives include increasing the level of access to sustainable, safe water and environmental sanitation services among poor and vulnerable populations; reducing the prevalence of waterborne diseases, including trachoma, guinea worm, and diarrheal diseases; and ensuring ecologically and financially sustainable management of water quantity and quality. In addition, the initiative hopes to foster a new and potentially replicable model of partnership and institutional synergy that ensures technical excellence, programmatic innovation, and long-term financial, social, and environmental sustainability in water resources management. EHP's role is to help strengthen the water and sanitation component of the initiative, to ensure that health outcomes are achieved, and to provide technical assistance, as needed.

Activities and Accomplishments

- Continued to collaborate with key initiative partners on the development of monitoring and evaluation indicators.
- Attended the start-up workshop in Bamaka, Mali, June 30–July 3.
- Prepared trip report and debriefed USAID and EHP staff.
- Began discussion on possible new areas of collaboration, using remaining funds earmarked for the initiative.

Plans for the Next Quarter

- Prepare the second draft of the proposed monitoring and evaluation system and send to reviewers.
- Identify and begin to scope out new areas of collaboration among partners of the West Africa Water Initiative.

Task 4: Environmental Change and Health Outcomes (ECHO)

Overview

This task includes efforts to develop and promote cross-sectoral surveillance (ECHO/XS) and integrated vector management (ECHO/IVM), with a focus on malaria prevention and control.

ECHO/XS activities are designed to develop methods for performing the integrated analysis of epidemiological, environmental, demographic, and other data to improve the prevention and control of malaria, other vector-borne diseases, and other environmental health problems. Work under this task consists of 1) developing and testing methods for cross-sectoral surveillance, 2) creating tools to promote cross-sectoral surveillance as national policy and applying them in three countries, and 3) institutionalizing cross-sectoral surveillance approaches in three countries. Most work is conducted in the context of field activities.

ECHO/IVM activities determine the effectiveness of vector-control interventions and identify the settings in which they are likely to be effective, particularly in urban and rural settings in Africa. IVM approaches are promoted as part of official national malaria control plans and procedures. The emphasis is on developing better tools for vector control, including promoting the use of environmental management and larval control, developing IVM strategies appropriate to particular settings, and promoting community participation in vector-control programs.

ECHO/XS and IVM Core Activities

Activities and Accomplishments

- Prepared the work plan for ECHO activities for EHP Year 5.
- Prepared draft terms of reference for EHP support to convene a WHO technical advisory panel on malaria vector control in fall 2003 and sent the draft to WHO/Malaria Program staff.
- Attended meetings and gave presentations on ECHO activities to the following: USAID New Entry Professionals, International Centers for Tropical Disease Research Network, Global Health Council Annual Meeting.
- Made arrangements for starting a field trial in Kenya to study the use of larval control methods in a highland setting and for visiting other candidate sites in Dar es Salaam, Tanzania, and Ethiopia.

Plans for Next Quarter

- Attend the annual meeting of the WHO Southern Africa Inter-country Malaria Control Program in Lusaka, Zambia.
- Continue planning and preparations to support the WHO Malaria Technical Advisory Committee on Malaria Vector Control.
- Continue developing plans for launching larval control field trials in Kenya, Tanzania, and a third location beginning in October 2004.

ECHO/XS and IVM Field Programs

Eritrea: Technical Assistance to the Eritrea National Malaria Control Program

Overview

EHP is providing technical assistance to the Eritrea National Malaria Control Program to help strengthen its operational research, surveillance systems, and vector-control activities. The four-year-long activity will 1) build capacity for entomological surveillance through a national survey of vector distribution and abundance and through longitudinal studies of larval ecology and adult mosquito biting behavior (Year One), 2) continue entomological studies, conduct a national survey of parasite prevalence, and use data to identify sentinel surveillance sites and define protocols for routine surveillance (Year Two), and 3) strengthen surveillance, evidence-based decision making, and vector-control interventions at sentinel sites (Years Two and Three). Activities during the current year are focused on improving surveillance systems, developing malaria risk

maps, and conducting a larval-control pilot program in four pairs of treated and control villages.

Activities and Accomplishments

- Attended and supported the National Malaria Control Program's annual program evaluation and workshop (March 27–31, 2003), and prepared a summary report of the workshop.
- Compiled and analyzed data collected during Year 1 of the Village Pilot Program, which is testing the use of larval control methods; wrote a report on Year 1 experience; and prepared plans for Year 2 of the program.
- Completed analysis of historical data on the malaria epidemics of 1997–1998; wrote an epidemic preparedness and response manual; compiled six years of data on malaria cases; and continued work on an historical database of malaria control interventions.

Plans for Next Quarter

- Make additional revisions to the malaria risk maps and prepare an epidemic forecast for the 2003–2004 season.
- Prepare a summary of work and progress to date on assistance to improve malaria surveillance in Eritrea.
- Launch the second year of the larval control village pilot program.

Mozambique: Technical Assistance to the National Malaria Control Program

Overview

EHP is providing technical assistance to the Ministry of Health in Mozambique (MISAU) to improve malaria surveillance in Maputo, develop MISAU's capacity for using geographic information systems (GIS), and identify areas of Maputo with the highest risk of malaria. Local health officials will use this information to target malaria control interventions in Maputo. The activity supports the USAID mission's efforts to design an expanded program of technical assistance for the National Malaria Control Program. Work began under the EHP Phase I (EHP I) contract and continued until March 2002 when EHP funding was exhausted. USAID/Mozambique decided to cancel the procurement for follow-on work that EHP had been negotiating since October 2001. As a result, all activities in Mozambique are now complete, and no further work is anticipated.

Activities and Accomplishments

Nothing to report this quarter.

Plans for Next Quarter

- Prepare activity report.

Nepal: Program for the Prevention and Control of Selected Infectious Diseases

Overview

EHP is providing assistance to help strengthen the institutional capacity of the Vector-Borne Disease Research and Training Center (VBDRTC) at Hetauda, Nepal, and to assist the Ministry of Health in improving its surveillance and control programs for malaria, kala-azar, and Japanese encephalitis. Comprehensive information on this activity may be found in the trimesterly reports prepared by EHP's project office in Nepal.

Improving Surveillance of the Ministry of Health

Activities and Accomplishments

- Carried out a monitoring and supervision visit jointly with the Epidemiology and Disease Control Division (EDCD) and VBDRTC: between Dec. 28, 2002, and April 26, 2003, 78 malaria, 46 kala-azar, and 12 encephalitis cases were reported in the eight selected EWARS pilot sites.
- Held an interactive meeting to review Japanese encephalitis laboratory diagnosis, coordination, and results for 2002 and to plan for the 2003 transmission season; participants were the Department of Health Services; the National Health Information, Education and Communication Center; district health officers and public health officers; WHO; the Britain Nepal Medical Trust; and medical superintendents and laboratory technicians from district and zonal hospitals.

Developing Sustainable Intervention Strategies for Prevention and Control

Activities and Accomplishments

- Began preparations for a Phase IV trial of Miltefosine (an oral drug for the treatment of kala-azar), to be implemented by B.P. Koirala Institute for Health Sciences (BPKIHS), with EHP support: in-country tasks are underway in India and Nepal, facilitated by WHO/Tropical Disease Research and Banaras Hindu University and training for investigators is being planned at the Rajendra Memorial Research Institute of Medical Sciences, Patna.
- Held a workshop for the implementation of the Miltefosine trial at BPKIHS, Dharan, April 3–4, 2003.

Plans for Next Quarter

- Finalize the Year 6 work plan for VBDRTC, which will include a phase-out/hand-over plan for the field intervention activities and a close-out plan for materials and equipment.
- Evaluate the impact of the behavior change communication messages and materials.
- Conduct a detailed study based on the protocol on population movement for kala-azar and malaria treatment across the border between Dhanusha-Mahottari (Nepal and Bihar, India).

Uganda: Reducing Urban Malaria Transmission

Overview

Malaria is a critical health problem in Uganda and has a dramatic impact on the health status of Uganda's rural population. Recent data indicating that malaria is also a problem in Kampala, Uganda's capital are part of a growing body of evidence that local malaria transmission is a problem in many African cities. The Uganda urban malaria activity will identify areas in selected cities that appear to be at higher risk for malaria and will confirm local transmission, identify and characterize anopheline breeding sites in areas where transmission has been confirmed, and involve stakeholder groups in a participatory process for preparing an action plan to eliminate or manage productive breeding sites. The action plan will be developed in partnership with the local governments. The ultimate result expected from implementation of the action plan will be a measurable reduction in malaria transmission in the intervention areas. This initial phase will run from September 2002 to July 2003. Phase II for the year beginning July 2003 is now in preparation.

Activities and Accomplishments

- Completed action plans for Kampala and Jinja.
- Completed the third round of entomological data collection and the second round of clinical data collection.
- Carried out extensive consultations with the target communities in each city.
- Applied for Making Cities Work grants for the second year of this activity.

Plans for Next Quarter

- Complete planning for Year 2, including the development of an overall scope of work and budget and subcontracts with the University of Durham and MBL, the local subcontractor.

- Implement the interventions specified in the action plans.
- Write the Year 1 activity report.

Asia-Near East (ANE): Standardizing Surveillance for Vector-Borne Diseases in Bangladesh, Bhutan, India and Nepal (BBIN)

Overview

EHP is providing technical support to help establish common surveillance procedures for priority vector-borne diseases in Bangladesh, Bhutan, India and Nepal (BBIN), as part of the regional strategy for infectious diseases of USAID's ANE. The BBIN network was formed in July 2000 at a workshop on cross-border issues of surveillance and control of vector-borne diseases organized by EHP/Nepal. Participants agreed to work towards standardizing vector-borne disease surveillance methods and sharing information on insecticide susceptibility and drug resistance. A key aspect of the regional strategy is to build on existing national initiatives and strengthen linkages among national programs. The work is currently focused on initiating a regional network of sentinel sites for monitoring resistance to anti-malarial drugs and standardizing diagnosis and reporting procedures for Japanese encephalitis.

Activities and Accomplishments

- Prepared a report on the workshop on standardizing diagnostic and surveillance methods for Japanese encephalitis held in Pune, India, March 2003.
- Continued planning and making arrangements with officials in India, Nepal, and the WHO Regional Office for Southeast Asia (SEARO) to coordinate planning for clinical trials to evaluate resistance to anti-malarial drugs in areas along the Indo-Nepal border.
- Prepared scopes of work and obtained authorization to proceed on Year 5 activities: a workshop in New Delhi to launch nationwide standardization of Japanese encephalitis diagnosis, surveillance, and treatment in Jhapa; and refinements and handover of the BBIN website.

Plans for Next Quarter

- Support national workshop on Japanese encephalitis diagnosis, surveillance, and treatment in India.
- Collaborate with WHO/SEARO on preparation of regional guidelines for Japanese encephalitis diagnosis, surveillance, and treatment.
- Launch clinical trials to evaluate resistance to anti-malarial drugs at selected sites in West Bengal and Jhapa District along the Indo-Nepal border.

- Develop terms of reference for providing assistance on Japanese encephalitis in Bhutan.

Latin America and the Caribbean (LAC): Best Practices in Dengue Control and Treatment

Overview

In the past ten years, the number of cases of dengue and dengue hemorrhagic fever (DHF) has increased dramatically in Latin America and the Caribbean. *Aedes aegypti*, the mosquito that transmits dengue, had been largely eradicated but has returned due to a range of factors including a lack of surveillance, poor prevention, control, and treatment programs, increased urbanization, lack of resources, and inadequate public education efforts. In recognition of the increasing importance of dengue fever as a public health problem, the LAC Bureau has requested EHP to prepare a summary of best practices for the control and prevention of dengue.

Activities and Accomplishments

- Translated the best-practices document into Spanish.
- Completed dissemination of the English and Spanish versions.
- Presented the best practices at the Global Health Council Meeting in Washington, DC, May 2003.

Key Products

- Strategic Report 7S: Mjores practicas para la prevencion y el control del dengue en las Americas.

Plans for Next Quarter

This activity is now completed.

Central Asian Republics: Environmental Review for Use of Pesticides in Malaria Control

Overview

The USAID mission to the Central Asian Republic requested technical support from EHP to review the current and proposed practices for using pesticides in the WHO-supported malaria control program centered in Osh, Kyrgyzstan. The assistance consists of preparing a Pesticide Evaluation Report and Safe Use Action Plan, which is necessary to complete the environmental review process mandated by U.S CFR 216.

Activities and Accomplishments

- Consultant traveled to the Central Asian Republics June 23 to provide the requested support.

Plans for Next Quarter

- Prepare a draft Pesticide Evaluation Report and Safe Use Action Plan .

Task 5: Grants/Madagascar

Overview

Task 5 was originally intended as a grant-making program (using the EHP IQC grants-under-contract mechanism) for activities exploring the interface between natural resource management, population, and health programs/outcomes, testing in the field more effective approaches to program integration. The country focus has been Madagascar. The original Task 5 to provide grants for integrated programs has been dropped and replaced by a specific task to continue work started under (ECHO-Task 4) in Madagascar.

One of EHP's primary tasks is to assist in the design, evaluation and dissemination of lessons learned in integrating field activities in community-based natural resource management and population and health. The primary vehicle for carrying out this task is a four-year activity in Madagascar. EHP is subcontracting with local organizations in key environmental corridors to support integrated activities. Because of USAID programs in population and health and natural resource management, Madagascar is an ideal country to conduct this activity.

Activities and Accomplishments

- Conducted a two-day workshop in early April for VS to develop a long-term vision and strategy for institutionalization.
- Developed work plans for EHP Year 5.
- Facilitated visit to the United States of two officials from Voahary Salama (VS)—Integrated Programs (the executive director and the Information, Education and Communication (IEC) coordinator) to participate in and make presentations at the Global Health Council meeting in Washington, DC, and the Ecosystems Approach to Health meeting in Montreal and to meet with NGO representatives and potential sources of funding to promote the integrated programming concept.
- Secured \$200,000 from the Flexible Fund for VS-supported population activities in EHP Year 5 and developed a plan for its use.

- Entered into subcontracts with the Department for Development of the Church of Jesus Christ (SAF) and NY Tanintsika (a Malagasy NGO) for ongoing integrated activities.
- Obtained approval from USAID to enter into a subcontract with Tany Meva to disburse \$140,000 to replace Summit Foundation funds.

Plans for Next Quarter

- Complete planning for the use of the Flexible Fund monies.
- Enter into subcontracts with five local NGOs for family planning activities under the Flexible Fund.
- Hire a full-time VS family planning coordinator to supervise the Flexible Fund activities.
- Complete arrangements with Madagascar Green Healthy Communities Project (MGHC) to hire a financial director for VS.
- When the financial director is hired and a financial system is developed, begin discussions for EHP to contract with VS for the remainder of Year 5, instead of disbursing funds directly as in the past.
- Complete arrangements with the National Statistics Institute (INSTAT) for the post-intervention survey now scheduled for November–December 2003.

Issues and Problems

- EHP and VS will have to mobilize quickly to ensure that the Flexible Fund monies are programmed, disbursed, and spent before the end of the EHP contract on May 31, 2004.

Task 6: Information Center

Overview

Information Center (IC) activities are organized under three subtasks:

- Strategy support—strategic support of Tasks 2, 3 and 4
- Partnerships for information exchange, sharing of technologies and reach to an expanded audience
- Provision of information and dissemination services.

Activities and Accomplishments

Strategy Support

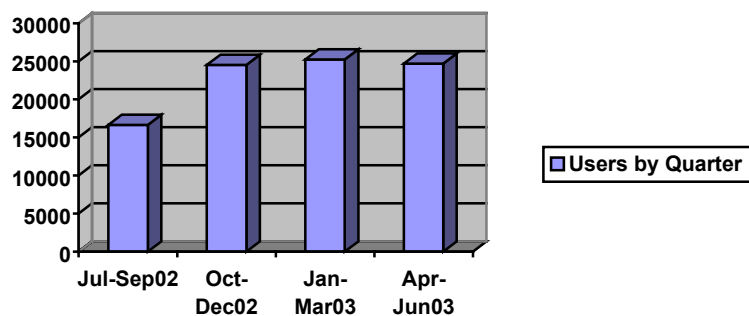
- Developed Information Center work plan for EHP Year 5.
- Disseminated six issues of the *Malaria Bulletin* to 600+ subscribers, three issues of the *Hygiene Bulletin* to 120 subscribers, and six issues of the biweekly *Environmental Health Updates* to 220 subscribers.
- Published three Briefs: #14: Urban Poor Child Health in Asia and the Near East; #15: Water for War-torn West Bank: the Emergency Water Operations Center (EWOC); and #16: Improving Urban Environmental Health in the Democratic Republic of Congo.
- Conducted literature searches and obtained articles for EHP and USAID staff on water/sanitation-related diseases, household treatment of drinking water, and other topics.
- Provided support for EHP conference participation (through assembling information packets and reports, preparing PowerPoint presentations, etc.), as follows:
 - 2003 CORE Group Spring Meeting, April 7, 2003.
 - Global Health Council Annual Meeting, May 2003 (posters, presentations, CD-ROMs, booth setup).
 - Global orientation for USAID entry-level professionals, June 19, 2003.
 - West Africa Water Initiative Implementation Workshop, Bamako, Mali, June 30–July 3, 2003.
- Provided supporting documents for downloading via a current feature on the EHP website for the National Consultation on Improving the Health of the Urban Poor: Lessons Learned and the Way Forward, June 30–July 1, 2003, Bangalore, India.

Partnerships

- Shared current journals and provided copies of articles to the BASICS library and staff.
- Continued collaboration with the Partnership in Social Science for Malaria Control.
- Participated in the HIPNET Conference at Johns Hopkins University, June 17, 2003, and presented the findings of the EHP website assessment.
- Supported the EHP Partners Meeting, June 10, 2003.

Information Services

- Completed an inventory of existing environmental health web rings and gateways and decided not to create a new environmental health web ring because it would duplicate existing resources.
- Published two issues of EHP's e-newsletter: "EHP News."
- Responded to approximately 600 information requests: from staff and consultants (100), USAID (150), international and non-governmental organizations (100), developing countries (200), and others (50).
- Maintained and extended the reach of the EHP website: during this (the fourth) quarter there were 24,701 visits to the site, compared with 25,254 the third quarter; 24,538 second quarter and 19,748 the first quarter of Year 4.



- Disseminated documents (brochures, briefs, malaria bulletins, etc.) through the Internet: during the quarter, 109,894 documents and/or files were downloaded and/or viewed via the EHP website, compared with 113,053 the previous quarter.
- Provided publication, editing, design, and translation support to EHP.
- Published two Activity Reports: #118: *Lessons Learned from Assessment of the Environmental Health Project Website*; #119: *Urban Environmental Health Strategies: Three Community-based Environmental Sanitation and Hygiene Projects Conducted in the Democratic Republic of Congo*.
- Published the Spanish versions of two Strategic Reports: 6S: *Mecanismos de apoyo institucional para los sistemas rurales de agua potable y saneamiento manejados por las comunidades en America Latina* and 7S: *Mejores practicas para la prevencion y el control del dengue en las Americas*.
- Published one Joint Publication: #6: *USAID Village Water and Sanitation Program, West Bank-Environmental Health Assessment—Phase II, June 2003*, with USAID and Save the Children.

- Received and cataloged 12 Reports for the File.
- Published the second and third quarterly reports for EHP Year 4: October-December 2002 and January-March 2003.

Plans for the Next Quarter

- Update website.
- Produce e-newsletter.
- Complete EHP Year 5 Work Plan.
- Provide support for publication of quarterly reports.
- Provide support for publication of activity reports and strategic reports.
- Provide support for workshops and conferences.

Key Products

See above and Annex.

Task 7: Urban Health and “Other” Tasks

Please note: all activities previously discussed under Task 7 and “Other Tasks Pending Completion” have been moved to Task 3: CESH Field Programs.

TASK ORDER 2

Malaria Vaccine Development Program (MVDP)

Overview

Support for the USAID Malaria Vaccine Development Program (MVDP) is conducted by EHP through Task Order 2 under its contract with USAID. The task's planned duration is five years (Aug. 1, 1999–July 31, 2004).

Activities and Accomplishments

- Supported the MVDP through the work of the MVDP technical adviser (and through a subcontract with Dr. Tony Holder at the National Institute for Medical Research, London).
- Prepared for and followed up on vaccine team meetings (AMA1, MSP1, ESC, and PfEMP1).
- Followed up on the Scientific Consultants Group semi-annual meeting held in January 2003, including completion and dissemination of the report of the meeting.
- Drafted and edited a new investigational new drug application to the U.S. Food and Drug Administration (FDA) for the *Escherichia coli* Apical Membrane Protein 1 (AMA1) vaccine target antigen.
- Worked on the MVDP Activity Authorization Document.
- Participated in other technical planning and monitoring meetings throughout the quarter.

Key Products

- Report of the Scientific Consultants Group Meeting, Jan. 28–29, 2003, Arlington, Va.

Plans for Next Quarter

- Continue to participate in antigen team meetings.
- Plan for upcoming clinical trials with AMA1 and MSP1.
- Complete work on the AMA1 IND for submission to the FDA.
- Begin planning the next Scientific Consultants Group meeting to take place in September 2003.

- Develop the FY 2004 MVDP budget and the new activity authorization document for the next ten years of the MVDP.
- Continue to participate in technical planning and monitoring meetings.

TASK ORDERS 803 and 804

West Bank: Village Water and Sanitation Program (VWS): Health, Governance, Waste Water Reuse Studies, Designs, Program

Overview

The VWS is a two-year initiative funded by USAID and undertaken by the Environmental Health Project (EHP) in close partnership with the Palestinian Water Authority (PWA) and other concerned national agencies. The purpose of the VWS is to provide safe and sustainable water and sanitation services to 140,000 people in 46 villages in the West Bank—in areas west of Hebron and south of Nablus. The VWS was developed in response to important problems that undermine the environmental health condition of the above population.

Implementation has been carried out under three separate task orders:

- Task Order 802: Engineering Studies
- Task Order 803: Environmental Health and Hygiene Promotion/Institutional Capacity Development.
- Task Order 804: Engineering Design/Infrastructure

In April 2002, the scope of EHP's work was expanded to include coordination of USAID's response to a humanitarian crisis brought about by the invasion and prolonged occupation of major Palestinian cities by the Israeli Defense Forces, beginning on March 20, 2002. Task Orders 803 and 804 were converted to an emergency operation consisting of providing emergency water supplies and assessing water needs and availability, and the planned activities were deferred.

Activities and Accomplishments

- Carried out the following emergency activities: supported the Emergency Water Operations Center (EWOC), provided emergency commodity support for municipalities and village councils.
- Completed reporting on a follow-up household survey of 596 households in VWS targeted communities (including diarrheal disease prevalence survey of children under five and water quality testing)
- Prepared engineering designs for new and rehabilitated networks in West Hebron and Nablus governates, including the completion of work for Contract B villages of West Hebron (those with existing networks needing rehabilitation) and completion of work for Contract A villages of West Hebron distribution systems.

- In the final stages of completing Task Orders 803 and 804 including the procurement of commodities (pipes, valves and fittings as well as repair tools and equipment) for selected communities in the Gaza Strip.

Key Product

- Joint Publication: #6: USAID Village Water and Sanitation Program, West Bank-Environmental Health Assessment—Phase II, June 2003, with USAID and Save the Children.

Plans for Next Quarter

- Close-out Task Orders 803 and 804 and initiate activities under an anticipated follow-on Task Order.
- Develop and finalize the scope of work for possible continued emergency assistance in the Gaza Strip.
- Continue to support emergency response and emergency preparedness needs.

TASK ORDER 805

Jordan Watershed/Water Quality Program

USAID/Jordan is funding an initiative to protect and improve water sources in Jordan and thereby safeguard previous infrastructure investments and protect public health. The first phase of the initiative, the Jordan Water Quality Management Project, was implemented by Camp Dresser & McKee (CDM), from March 2002 to January 2003, in close partnership with the Ministry of Water (MWI), Water Authority of Jordan (WAJ) and the Ministry of Health. The first phase focused on problem analysis of Jordan's water management system and identified areas for improvement. EHP (through CDM) is currently implementing the second phase of the initiative. Based on priority problems identified in Phase I. Phase II, which was initiated in June 2003, constitutes three tasks:

- (1) Watershed protection including the implementation of a pilot program.
- (2) Laboratory quality assurance/quality control.
- (3) Operations and maintenance at selected WAJ treatment facilities.

Year 4 Milestones, Status as of Year 4, Fourth Quarter

Shaded cells indicate target date for completion; those with “x” indicate that the target was achieved.

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
Task 1: Work Plan					
• Finalize and submit work plan to USAID				x	
Task 2: Lessons Learned & Policy					
• Host WSSCC M&E Task Force meeting.					
• Organize one technical meeting to review Vision 21 monitoring tests. (Revised version: Participate in an international technical meeting related to monitoring water, sanitation, and hygiene.)				x	Milestone revised and postponed to 4 th Q.
• Annual performance and milestone report		x			
• Support to the WSSD meeting in Johannesburg, South Africa.	x				
• Support to Kyoto meeting.					
• Abstracts submitted for Global Health Council Conference.	x				
• Active participation in Global Health Council Annual Meeting.				x	
• Three policy documents published or in draft.					To be discussed during Y5 work plan meetings.
• Develop an agenda and implement a C-IMCI workshop for LAC with BASICS and the CORE IMCI working group.			x		Postponed to 3 rd Q.
• Participate in a USAID request for a mission partnership activity for scaling up of C-IMCI, with a concrete EHP role established in at least one country.	x				
• Compile and document successful EHP partnerships in a short advocacy brief.					Postponed to Y5.
Task 3: CESH					
• Dedication of core funds to support a field-based operations research project in partnership with local specialists.	x				

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
• Assessment guidelines published by EHP.	x				
• Quantitative assessment tool refined based on findings from field application.					Postponed to Y5, Q1.
• Community-based monitoring tool developed and field opportunities identified for its application and testing.					Postponed to Y5, Q1.
• Working draft of the CESH programming guide for behavior change for diarrheal disease reduction completed.					Postponed to Y5, Q1.
• Draft of situation analysis tool completed (background paper completed by H. Lockwood)					Cancelled.
• Minutes of meetings of stakeholders and activity managers involved in CESH produced and widely distributed.	x				
• Core CESH funds to facilitate hygiene improvement dedicated in one or more targeted countries as part of a GDA partnership.			x		Currently for M&E under WAWI Partnership
• Two-year action plan to provide technical assistance to SANRU finalized and supported.	x				
• Substantive progress made in the field, working with NGOs to develop draft diarrheal disease prevention modules.				x	
• Opportunity for focused effort in Nepal to assist the ongoing long-term work of sectoral partners identified and supported.		x			Opportunity identified.
• Focused program of support to NicaSalud developed and supported.			x		Plans were finalized but scope of work was not completed: deferred to 3 rd Q.
• Focused program of support to local partners in the Dominican Republic developed and supported.	x				
• EHP reports on urban environmental health activities in the DRC and behavior change activities in the Dominican Republic published and disseminated.				x	Dissemination postponed to Y5, Q1.
Task 4: ECHO/XS					
• XS TWG meeting and report.	x				
• XS: Concept paper: Improving information for malaria control decision.					Deferred to Y5.
• Malaria risk stratification: methods and applications.					Deferred to Y5.

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
Task 4: ECHO/IVM					
• Draft guidelines for IVM.					Deferred pending further direction from WHO/AFRO.
• Session on larva control at the Third Pan-African Conference on Malaria.		x			
• Field test of the vector control needs assessment protocol.		x			
ECHO: Nepal					
• Review of VBDRTC progress in implementation of the work plan.					Deferred to Y5 at USAID's request.
• Recommendations from the Meeting on Standardization of Community-Based Kala-azar Surveillance and Case Management in Dhanusha/Mahottari, Nepal, and the Adjoining Districts of Bihar State, India.			x		
• Evaluation report of improved EWARS strategy in eight sentinel sites.					Deferred to Y5, Q2.
• Recommendations on SO4, interventions 1 through 4, prepared in draft for further adjustments in Year 5.					Deferred to Y5, Q3
ECHO: Eritrea					
• Protocols and training for sentinel site staff.	x				
• Complete review of the malaria vector control program.		x			
• Report of results for larva control pilot programs.			x		
• Support to midterm review of the NMCP Five-Year Plan for Rolling Back Malaria.			x		
ECHO: Uganda					
• Situation analysis completed.				x	
ECHO: ANE					
• Regional workshop on Japanese encephalitis surveillance.			x		Deferred to 3 rd Q.
• Regional workshop on kala-azar surveillance.					Cancelled.
ECHO: LAC- Dengue Fever					
Best practices document completed.			x		

Task/Milestone	1stQ	2 nd Q	3 rd Q	4 th Q	Comments
• Presentation to the LAC regional PHN SOTA meeting.			x		
Task 5: Grants/Madagascar					
• General assembly meeting of Voahary Salama.	x				
• Institutionalization of VS as a legal entity.	x				
• Training-of-trainers workshop for community development agents.	x				
Task 6: IC					
• Changes to the website implemented, based on assessment recommendations, and report prepared.	x				
• A series of web-based bibliographies on diseases related to water supply and sanitation and certain vector-borne diseases developed.		X			
• One joint e-conference facilitated.					Deferred to Y5 Q2.
• EH web ring established with other relevant websites.					Survey determined that it is not feasible or needed.

End-of-Project Results Achieved as of Year 4, Fourth Quarter

Policy and Lessons Learned

#	Result	Indicator	Status to Date
1.	Monitoring and evaluation plan <i>implemented</i> for CESH and ECHO.	Monitoring and evaluation plan with project-level and task-specific indicators.	EHP has developed a Monitoring and Evaluation Plan and is using it for monitoring CESH and ECHO activities.
2.	Indicators for water, sanitation, and hygiene that go beyond coverage and access <i>developed</i> , in collaboration with other organizations, and <i>tested</i> in CESH field programs.	List of indicators and data collection methods developed.	EHP has 1. Developed a comprehensive environmental health assessment that includes intestinal parasites as proximate measures for changes in water, sanitation and hygiene practices as well as water quality. 2. Tested a comprehensive environmental health assessment tool containing a core set of hygiene improvement indicators in the West Bank (March 2002). 3. Prepared draft indicators. 4. Developed a hygiene improvement quantitative assessment guide with second-level indicators.
3.	Indicators and data-collection instruments for cross-sectoral surveillance with a focus on malaria <i>developed</i> and <i>tested</i> , in coordination with WHO and other organizations.	List of indicators and instruments for cross-sectoral surveillance and IVM.	
4.	Four major international meetings <i>supported</i> by EHP participation and two <i>organized</i> by EHP.	Number of major international meetings in which EHP participates and which it organizes.	EHP has met the end-of-project target of organizing two major international meetings: 1. 2000, the Global Consultation on the Health Impacts of Indoor Air Pollution. 2. December, 2001, Monitoring and Evaluation of Water, Sanitation and Hygiene Behaviors, Delft, Netherlands. EHP played a role in organizing this policy meeting, which included the participation of approximately 15 professionals from WHO, UNICEF, WELL, the

#	Result	Indicator	Status to Date
			<p>London School of Hygiene and Tropical Medicine (LSHTM), the International Reference Center for Water Supply and Sanitation (IRC), and EHP. Consensus was reached on the establishment of a monitoring network to pursue agreed upon objectives for advancing the state of the art in monitoring.</p> <p>3. In addition, EHP organized an E-Forum on Hygiene Promotion, a month-long e-conference on EHP's hygiene improvement framework with a final report.</p> <p>EHP has met the end-of-project target by actively participating in four major international meetings:</p> <ol style="list-style-type: none"> 1. Respiratory Diseases and the Environment, Lucknow, India. 2. November, 2000. WSSCC meeting, Iguacu, Brazil. 3. November, 2001. American Public Health Association (APHA) annual meeting. 4. May, 2002. Global Health Council annual meeting.
5.	Major policy issues of global importance in CESH and ECHO <i>identified</i> and five reports <i>produced</i> to contribute to their consideration.	Number of reports published.	<p>EHP published a policy report on public-private partnerships for promoting handwashing.</p> <p>EHP has developed three other topics, but none has reached policy-report status:</p> <ol style="list-style-type: none"> 1. Funding for water and sanitation: case study produced but topic not pursued for policy report. 2. Hygiene and food security: discussion included in USAID's Global Health Nutrition Operational Plan. 3. HIV/AIDS and water and sanitation: concept paper disseminated.

Community-Based Environmental Sanitation and Hygiene

#	Result	Indicator	Status to Date
1.	Two operations research questions on diarrheal disease prevention in CESH programs <i>studied</i> and results <i>documented</i> .	Number of questions studied.	EHP is studying one operations research question: the safe disposal of children's excreta. The study is being implemented by the International Institute for Nutrition in Peru. EHP is studying the impact of household water chlorination on households with family members who have HIV/AIDS.
2.	At least one tool developed under CESH to promote environmental sanitation as national policy <i>applied</i> in five USAID-assisted countries.	Number of USAID-assisted countries in which tools have been applied.	
3.	Tools to assist non-governmental organizations (NGOs), governments, and communities to identify priorities and to select, implement, and evaluate interventions <i>developed</i> .	Tools developed, applied, and documented to (1) identify local priority environmental conditions related to diarrheal disease prevention, (2) to guide selection of interventions, (3) to guide implementation and monitoring, and (4) to evaluate impact on behaviors related to diarrheal disease in children under five.	EHP is developing two tools: 1. As part of the development of the Hygiene Improvement Quantitative Assessment Tool, gathering baseline information in the field in advance of program implementation to identify local priority environmental conditions related to diarrheal disease prevention and to evaluate impact on behaviors related to diarrheal disease in children under five – now being refined. 2. Action learning guide on behavior change for hygiene improvement to guide selection of interventions and to evaluate impact on behaviors related to diarrheal disease in children under five – now being developed by the Manoff Group. 3. Participatory monitoring and evaluation tool – development initiated.
4.	Activities using tools developed under result #3 <i>implemented</i> in at least three USAID-assisted PHN countries.	Number of USAID-assisted PHN countries which apply tools.	EHP tools have been or are being applied in four countries: 1. Benin (community-level project used tool on gathering baseline data). 2. Democratic Republic of Congo (a water and sanitation project is using tool on gathering baseline information and a training course on applying trials of improved practices (TIPs) methodology).

#	Result	Indicator	Status to Date
			<p>3. Nicaragua (a program to increase the capacity of NGOs to bring about change in hygiene behavior used both tools).</p> <p>4. Dominican Republic (PAHO/DR C-IMCI training and educational materials adopted a module on diarrheal disease prevention).</p>

Environmental Change and Health Outcomes/Cross-Sectoral Surveillance

#	Result	Indicator	Status to Date
1.	Methods for cross-sectoral surveillance <i>developed</i> and <i>tested</i> .	Number of methods tested.	<p>EHP has developed and has tested or is testing three methods:</p> <ol style="list-style-type: none"> 1. Risk stratification at the national level, in Eritrea 2. Risk stratification at the local level, in Mozambique 3. Characterization of larval habitats in Eritrea, Mozambique, and Nepal.
2.	Tools to promote the use of cross-sectoral surveillance <i>developed</i> , in partnership with other international organizations.	Number of tools developed for promoting the use of cross-sectoral surveillance.	<p>EHP has developed three tools for promoting cross-sectoral surveillance:</p> <ol style="list-style-type: none"> 1. Draft activity report on risk stratification. 2. Draft activity report and professional journal articles on vector studies. 3. Draft activity report on a national prevalence survey in Eritrea. <p>Articles submitted to professional journals on vector studies</p>
3.	Cross-sectoral surveillance tools developed under result #2 <i>used</i> by EHP to promote cross-sectoral surveillance as part of official MOH policy in three USAID-assisted PHN countries.	Number of countries in which cross-sectoral surveillance methods have been promoted.	<p>EHP has promoted cross-sectoral surveillance in three countries:</p> <ol style="list-style-type: none"> 1. Eritrea. 2. Mozambique. 3. Nepal.

Environmental Change and Health Outcomes/Integrated Vector Management

#	Result	Indicator	Status to Date
4.	Effectiveness of IVM interventions determined and appropriate settings for each <i>identified</i> , with an emphasis on controlling malaria in Africa using community-based approaches.	Number of tests and evaluations supported by EHP.	EHP has supported three tests of larval control interventions: 1. Efficacy of bacterial larvicides in Eritrea.. 2. Operational feasibility and effectiveness of larval control for Eritrea 3. Environmental management for larval control in Uganda.
5	IVM approaches appropriate for malaria in urban and rural settings in Africa <i>developed</i> , in partnership with other international organizations.	Number of settings for which IVM approaches have been developed.	EHP has developed integrated vector management and control approaches for six different settings in Africa. (Technical meeting in January 2002 identified six different settings in Africa.)
6.	The use of IVM approaches as part of official national malaria control plans and procedures <i>promoted</i> , in collaboration with other major international organizations.	Number of countries in which EHP has promoted the use of IVM approaches.	EHP has promoted the use of integrated vector management approaches in two countries: Eritrea and Uganda.

Environmental Change and Health Outcomes/Integrated Programs

#	Result	Indicator	Status to Date
1.	Potential for scaling up integrated health, population, and environment program in rural settings along environmental corridors in Madagascar <i>evaluated, documented, and disseminated</i> .	Integrated health-population-environment evaluation approach developed, tested, applied, and disseminated.	

Annex

List of Products

Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)

CESH Field Programs

Asia/Near East (ANE) Urban Health Initiative/Cairo Healthy Neighborhood Program

- Guides for rapid assessment (interviews, focus groups, transect walk).

India: Child Health and Nutrition among the Urban Poor

- Global Health Council Presentation

Nepal: Technical Support to the Asian Development Bank and Initiation of EHP Support to the Public-Private Partnership for Handwashing with Soap Initiative

- Questionnaire for Consumer Survey

Task 4: Environmental Change and Health Outcomes (ECHO)

Latin America and the Caribbean (LAC): Best Practices in Dengue Control and Treatment

- Strategic Report 7S: Mjores practicas para la prevencion y el control del dengue en las Americas.

Task 6: Information Center

Products Published

Documents completed (EHP News, EHP Briefs, Activity Reports, Joint Publications and Strategic Reports) or received for archiving (Reports for the File), April–June 2003:

- Two issues of EHP News (EHP's e-newsletter)
- Activity Report 119. Urban Environmental Health Strategies: Three Community-based Environmental Sanitation and Hygiene Projects Conducted in the Democratic Republic of Congo. Jill Mac Dougall, Christopher McGahey. May 2003.
26568/CESH.DOC.DRCUEH.Y4

- Activity Report 118. Lessons Learned from Assessment of the Environmental Health Project Website. May Post, Dan Campbell. April 2003. 26568/IC.YR4.SERV
- Joint Publication 6. USAID Village Water and Sanitation Program, West Bank—Environmental Health Assessment—Phase II. English. June 2003. Ali Sha'ar, Eckhard Kleinau, Patrick Kelly. 26568/IC.YR4.STRAT.SUP. EHP, USAID, Save the Children
- Strategic Report 7S. Mejores prácticas para la prevención y el control del dengue en las Américas. Linda S. Lloyd. February 2003. 26568/E.V.4.LACDENGUE
- Strategic Report 6S. Mecanismos de apoyo institucional para los sistemas rurales de agua potable y saneamiento manejados por las comunidades en América Latina. Spanish. Harold Lockwood. December 2002. 26568/OTHER.LACDEC.GUIDELINES
- EHP Brief 16. Improving Urban Environmental Health in the Democratic Republic of Congo. EHP Staff. 26568/IC.YR4.SERV. June 2003
- EHP Brief 15. Water for War-torn West Bank: The Emergency Water Operations Center (EWOC). EHP Staff. 26568/IC.YR4.SERV. May 2003
- EHP Brief 14. Urban Poor Child Health in Asia and the Near East. EHP Staff. 26568/IC.YR4.SERV. April 2003

Products Archived

- Report for the File 440. EHP II Year 4 Quarterly Report 3. January–March 2003. June 2003. 26568/LLP.ME.YR4.PERF
- Report for the File 439. Trip Report, Cairo Health Neighborhoods, May 10-23, 2003, Sarah Fry. 26568/UH.EGYPT.SITAN
- Report to the File 438. Field Report Training Session on Control of Diarrheal Diseases: “ORS, what next?: How can PVOs Contribute to a Reduction in the Incidence of Diarrheal Disease?” for the USAID Child Survival and Health Grants Program. June 11, 2003. Chris McGahey. 26568/LLP.PVO.Y4
- Report for the File 437. Anti-larval Measures for Malaria Control in Low Transmission Areas in Africa, Status Report. May 2003. Ulrike Fillinger, Steve Lindsay (Institute of Ecosystem Science, School of Biological and Biomedical Sciences, University of Durham, Science Laboratories, Durham DH1 3LE, UK) 26568/ E.V.4.LCSTUDIES
- Report for the File 436. CESH Consultancy to Nicaragua. Feb. 14-25, 2003. Trip Report. Judi Aubel. 26568/ CESH.TOOLS.PM&E

- Report for the File 435. NicaSalud Network Federation CDM/EHP Sub-contract Follow-up and Monitoring of Behavioral Change with Respect to Hygiene and Environmental Sanitation. Final Report. August 2002. Gertrudis Medrano. 26568/CESH.NICASALUD
- Report for the File 434. Aga Khan Development Network Workshop on the Built Environment. February 24-27, 2003, Mombasa, Kenya, Workshop Report. Dick Wall, Chris McGahey, Merri Weinger. March 2003. 26568/LLP.AGAKHAN.Y4
- Report for the File 433. Trip Report. Dominican Republic WS&S Reconstruction Hygiene Behavior/Behavior Change. Marco Polo Torres, Remedios Ruiz. September 11-15, 2000. 26568/OTHER.DR.CIMCIBEHAVIOR
- Report for the File 432. Highlights from the Sixth Annual Assessment and Mid-term Review Workshop on Malaria Control in Eritrea. May 2003. 26568/E.X.ER4.PUBS.
- Report for the File 431. EHP II Year 4 Quarterly Report 2. October–December 2002. April 2003. 26568/LLP.ME.YR4.PERF
- Report for the File 430. Improving Health of the Urban Poor Living In Slums In India: Action Plan for Implementation. Dr. O. Masee Bateman, Dr. Christopher McGahey, Pat Taylor, Ken Olivola. February 2002. 26568/CESH.INDIA.PROGRAMMING
- Report for the File 429. USAID’s Assistance to the Nepal PPP Handwashing with Soap Initiative. Consultancy Report. Sylvia M. Delafield. March 2003. 26568/CESH.NEPAL.Y4.HANDWASHING

TASK ORDER 2

Malaria Vaccine Development Program (MVDP)

- Report of the Scientific Consultants Group Meeting, January 28-29, 2003, Arlington, Virginia.

TASK ORDERS 803 and 804

West Bank: Village Water and Sanitation Program (VWS): Health, Governance, Waste Water Reuse Studies, Designs, Program

- Joint Publication: #6: USAID Village Water and Sanitation Program, West Bank-Environmental Health Assessment—Phase II, June 2003, with USAID and Save the Children